MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/590938	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1	1					52						
3							53						
4	1						54						
5		1					55						
6		1	1				56						
7		1					57						
8		1					58						
9	1	1					59						
10		1					60						
11		10					61						
12		100					62						
13		100					63						
14		100					64						
15		100					65						
16		100					66						
17		100					67						
18		100					68						
19		00					69						
20		00					70						
21							71						
22		1	1				72						
23		1	1				73						
24			1				74						
25			1	1			75						
26		1	1				76						
27							77						
28			1	1			78						
29	1		1				79						
30			1				80						
31		2		1			81						
32		0					82						
33		0					83						
34				1			84						
35	1						85						
36	1						86						
37	1		1				87						
38	1			1			88						
39	1						89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12		4				TOTAL IND.						
TOTAL DEP.	100		12				TOTAL DEP.						
TOTAL CLAIMS	112		16				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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